

Date: ____/____/____ CBO: ____ Site: ____ Interviewer initials: ____ ID# ____

**STREET OUTREACH SURVEY**

Thank you very much for helping us. We have put this survey together so that we can figure out the important issues around HIV prevention in your neighborhood. **All information we get is confidential.**

1. Are you? 3. How would you describe yourself?

- ☐ Male ☐ African-American/Black
☐ Female ☐ Asian/Pacific Islander
☐ Transgender ☐ Native American

2. Are you?

- ☐ Hispanic/ Latino ☐ White/Caucasian
☐ Non-Hispanic/Latino ☐ Other: _____

6. How old are you? _____**5. What is your home Zip Code? _____****7. In the last two months, have you seen or heard any information about the importance of getting tested for HIV?**

- ☐ Yes ☐ No ☐ Don't know/Not sure

8. Where did you last see or hear this information?*(check only one)*

- ☐ On a billboard ☐ On the Internet
☐ On the radio ☐ From your doctor/nurse
☐ On television ☐ Never saw or heard information
☐ On a poster ☐ In a pamphlet/flyer ☐ Other: _____

9. In the last two months, have you seen or heard any information about HIV and pregnancy?

- ☐ Yes ☐ No ☐ Don't know/Not sure

10. In the last 12 months, how many different people have you had sex with?

- ☐ None ☐ 3-4 ☐ 25-99
☐ 1 ☐ 5-9 ☐ 100 or more
☐ 2 ☐ 10-24

11. In the last 12 months, have you had sex with:*(check only one)*

- ☐ Men ☐ Women
☐ Both Men and Women ☐ Did not have sex/ Not applicable

12. When you have sex, how often do you use a condom?

- ☐ Every time ☐ Never use a condom
☐ More than half the time ☐ Not applicable/ Never had sex
☐ Less than half the time

13. Did you use a condom the last time you had sex?

- ☐ Yes ☐ No ☐ Never had sex/Not applicable

14. How did you get the last condom you used?

- ☐ Bought it ☐ Got it free at a clinic
☐ Someone gave it to me ☐ Partner had it
☐ From an outreach worker ☐ Got it free at a store
☐ Don't know/Not applicable

15. What brand was the last condom you used?

- ☐ Trojan ☐ Lifestyles ☐ Durex
☐ Reality ☐ Other: _____

116. Do you know where you can get free condoms?

- ☐ Yes ☐ No

117. Do you have a condom with you or at home?

- ☐ Yes ☐ No

18. In the last 12 months, have you:

- Had five or more alcoholic drinks on one occasion?..... ☐ Yes ☐ No
 ➤ Used marijuana?..... ☐ Yes ☐ No
 ➤ Used cocaine?..... ☐ Yes ☐ No
 ➤ Used crack?..... ☐ Yes ☐ No
 ➤ Exchanged sex for money or drugs?..... ☐ Yes ☐ No
 ➤ Had a sexually transmitted or venereal disease (like syphilis, gonorrhea, chlamydia, herpes)? ☐ Yes ☐ No
 ➤ Had sex with someone you met on the Internet?..... ☐ Yes ☐ No

19. In the last 12 months, did you shoot street drugs with a needle?

- ☐ Yes ☐ No ☐ Don't shoot drugs

20. The last time you shot drugs, did you use the needle after someone else used it?

- ☐ Yes ☐ No ☐ Never shot drugs

21. Do you know where to get new (sterile) needles?

- ☐ Yes ☐ No ☐ Don't use needles

22. In the last 12 months, have you been tested for HIV?

- ☐ Yes ☐ No ☐ I have never been tested

23. What was the result of your last HIV test?

- ☐ HIV Negative ☐ Don't know results
☐ HIV Positive ☐ I have never been tested

24. Are you currently receiving medical care for HIV?

- ☐ Not HIV Positive ☐ Yes ☐ No

25. In the last 6 months, have you received condoms or information about HIV/AIDS from an outreach worker in this neighborhood?

- ☐ Yes ☐ No

26. During the last 6 months, what would you say your risk for HIV is: (check only one)

- ☐ Very low
☐ Low
☐ Medium
☐ High
☐ Very high

27. Have you ever filled out this survey form before?

- ☐ Yes ☐ No